

**MIDB/BUSINESS OBJECTS ACCESS REQUEST
STATEWIDE VEHICLE TRAVEL SERVICES**

A. REQUESTER INFORMATION

1. Employee Name (<i>Last, First, Initial</i>)		2. Employee ID
3. FACS Agency	4. Work Address	
5. Telephone Number		6. E-mail Address

B. REQUESTED UNIVERSES

- The requester must indicate, and the Agency Security Administrator must verify, this access request.
- "All universes are composed of information subject to the definition of "public record" under section 2(e)(i) and (ii), MCL 15.232(e)(i) and (ii) of the Freedom of Information Act, MCL 15.231 et seq."
- **Statewide VTS Access** includes access to data for all agencies.

Required Approval	Requested Access
CFO & OFM	STATEWIDE ACCESS to Fin Fleet Universe
Reason for Requested Access	

C. AGENCY AUTHORIZATION SIGNATURES

I agree to protect my user ID and password from unauthorized use. All access under my user ID is my responsibility. All information I obtain with it shall be used only in the proper conduct of State business.

Requester's Signature	Date
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The requester **must** obtain the Supervisor and Agency Security Administrator signatures as well as the required authorization signatures for the requested MIDB access indicated in Section B.

Supervisor Signature	Date
MIDB Agency Security Administrator (ASA)	Date
Chief Financial Officer (CFO)	Date
Office of Financial Management (OFM)	Date

Please keep this document confidential.